## PART B -FEE(S) TRANSMITTAL

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for maintenance fee notifi			, ,			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  25096 PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being transmitted to the USPTO via EFS, on the date indicated below.		
				Tracy I	Meeker	(Depositor's name)
					auxWVV	(Signature)
				Januar	y 26, 2010	(Date)
APPLICATION NO.	FILING DATE	FIRST NAM	ED INVENT	OR	ATTORNEY DOCKET NO	). CONFIRMATION NO.
10/699,660	11/04/2003	Ching-	Ching-Hui Chen		320528567US	6469
TITLE OF INVENTION: MULTI-FUNCTION PERIPHERAL						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICA	TION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00	\$300.00		\$1,810.00	01/26/2010
EXAM	INER ART UNIT		CLASS-S	SUBCLASS		
W. C. Storey  1. Change of correspondence address or indication		2625				
Correspondence "Fee Address" in form PTO/SB/47 Use of a Custom  3. ASSIGNEE NAME A PLEASE NOTE: Unle	ss an assignee is identific forth in 37 CFR 3.11. Con	22) attached. ss" Indication ent) attached. A TO BE PRINTED ON THed below, no assignee data wmpletion of this form is NOT	l attorney or stered patent ed, no name when the PATENT of the vill appear on Γ a substitute	irm (having as agent) and the attorneys or ag vill be printed.  (print or type) the patent. If a for filing an as	names of ents. If no 3	w, the document has been filed
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
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X       Issue Fee       A check in the amount of the fee(s) is enclosed.         X       Publication Fee (No small entity discount permitted)       Payment by credit card. Form PTO-2038 is attached.						
Advance Order -# of Copies  X The Director is hereby authorized by charge the required fee(s) to EFT Acct. SEA1PIRM, and to charge underpayments or credit overpayments to Deposit Account Number 50-0665.						
5. Change in Entity Sta	itus (from status indicate	d above)				
a. Applicant clair	ms SMALL ENTITY sta	tus. See 37 CFR 1.27.	b. Applica	ant is no longe	r claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
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Authorized Signature	e	'~ \\			DateJ	anuary 26, 2010
Typed or printed name Cameron B. Pilling				Registration No.	62,085	